Healthy Child Manitoba Office

Annual Report
2006 - 2007

Manitoba

Healthy Child Manitoba
Putting children and families first

Manitoba
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September 2007

His Honour John Harvard
Lieutenant-Governor
Province of Manitoba

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2006/07.

Respectfully submitted,

Kerri Irvin-Ross
Minister, Healthy Living
Chair, Healthy Child Committee of Cabinet

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September 2007

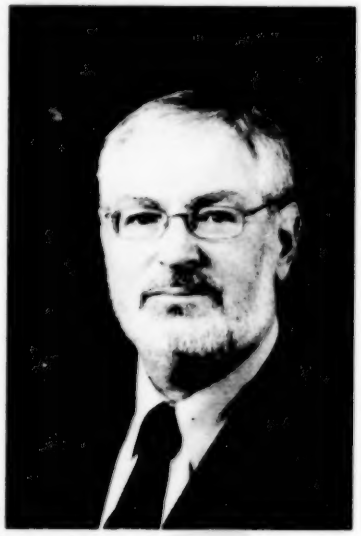
Kerri Irvin-Ross
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Madam:

I have the honour of presenting to you the 2006/07 Annual Report of the Healthy Child Manitoba Office.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2006/07, Healthy Child Manitoba's activities and achievements included:

- continuing Phase 1 implementation of Triple P – Positive Parenting Program in Manitoba. Triple P is now being delivered in 5 Winnipeg communities and 7 regions across the province;
- improving primary health care services for teens through the expansion of teen clinics in 2 new regions. In 2006/07, the Interdepartmental Teen Clinic Committee selected Nor-Man RHA and Interlake RHA to receive new HCM funding to establish teen health services in their regions;
- working collaboratively with partner departments on developing a FASD strategy and to address the recommendations in the 2006 Changes for Children report;
- supporting 26 parent-child coalitions across the province including providing opportunities for ongoing knowledge exchange and professional development such as the Council of Coalitions and the annual National Child Day Forum;
- enhancing our working relationship with federal departments at the regional level, including Public Health Agency of Canada (PHAC) and First Nations Inuit Health Branch (FNIHB); and,
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy, including the development of a cross-departmental evaluation strategy and legislative options and initiatives to support the process.



The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children.

Respectfully submitted,

M Billinkoff

Martin Billinkoff
Chair, Healthy Child Deputy Ministers' Committee

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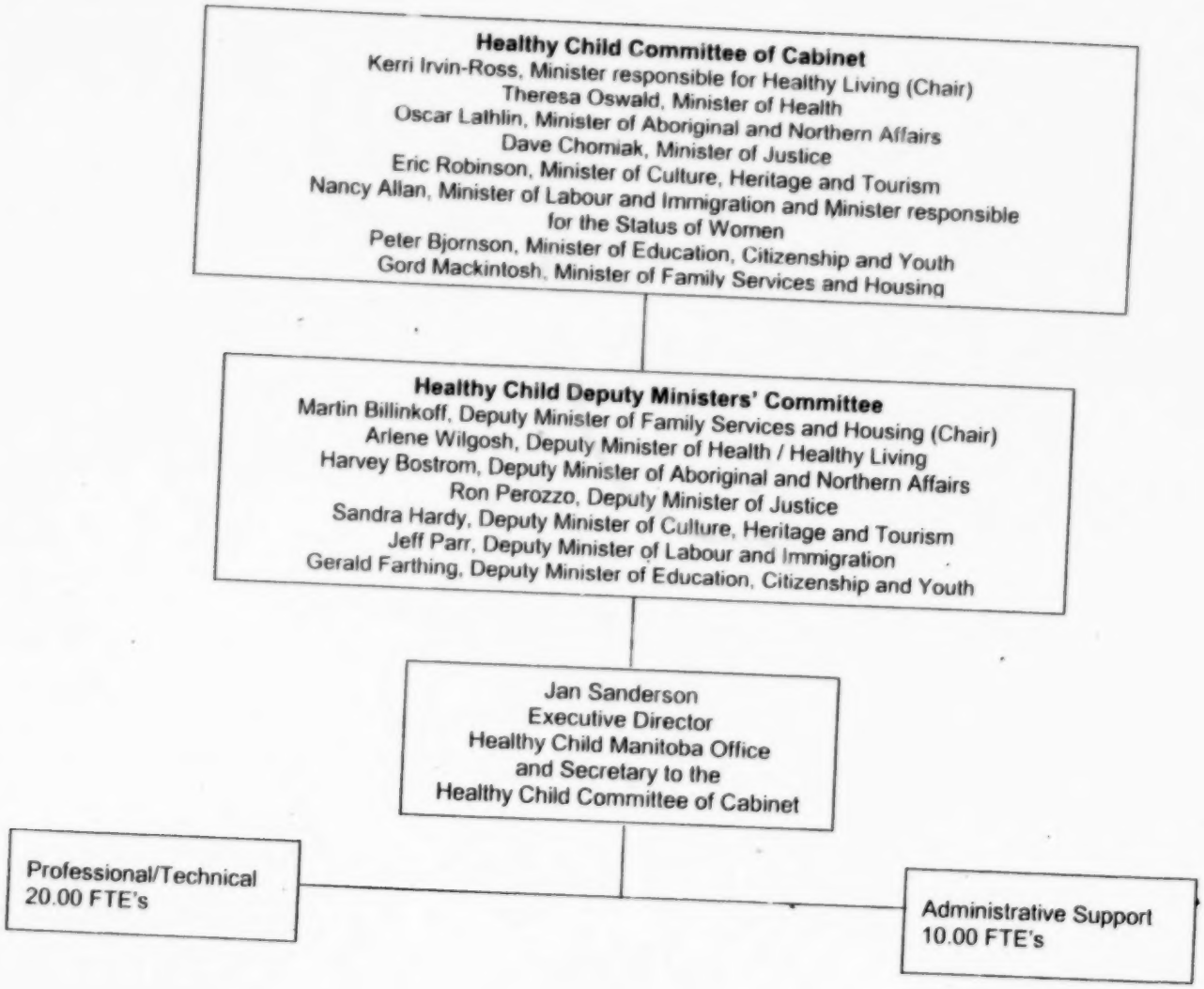
HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2007


Healthy Child Committee of Cabinet
Kerri Irvin-Ross, Minister responsible for Healthy Living (Chair)
Theresa Oswald, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Dave Chomiak, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister of Labour and Immigration and Minister responsible for the Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Gord Mackintosh, Minister of Family Services and Housing
Healthy Child Deputy Ministers' Committee
Martin Billinkoff, Deputy Minister of Family Services and Housing (Chair)
Arlene Wilgosh, Deputy Minister of Health / Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Ron Perozzo, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Jeff Parr, Deputy Minister of Labour and Immigration
Gerald Farthing, Deputy Minister of Education, Citizenship and Youth
Jan Sanderson
Executive Director
Healthy Child Manitoba Office
and Secretary to the
Healthy Child Committee of Cabinet
Professional/Technical
20.00 FTE's
Administrative Support
10.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office (HCMO), which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the department's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

Healthy Child Manitoba (HCM) is the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first. Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), the HCMO works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established HCM and the Premier created the HCCC. In 2006/07, the Chair was Minister responsible for Healthy Living Kerri Irvin-Ross, appointed by the Premier in September 2006, succeeding Past Chairs Minister responsible for Healthy Living Theresa Oswald (October 2004-September 2006), Jim Rondeau (November 2003 – October 2004), and Minister of Family Services and Housing Tim Sale (March 2000 – November 2003). The HCCC develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the existence of the committee signals healthy child and adolescent development as a top-level policy priority of government.

The HCCC meets on a bi-monthly basis. It is the only standing Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet 2006/07

Kerri Irvin-Ross, Minister responsible for Healthy Living (Chair)
Theresa Oswald, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Dave Chomiak, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister of Labour and Immigration / Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Gord Mackintosh, Minister of Family Services and Housing

Directed by the HCCC, the Deputy Ministers of eight government partners share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee (HCDMC) meets on a bi-monthly basis.

Healthy Child Deputy Ministers' Committee 2006/07

Martin Billinkoff, Deputy Minister of Family Services and Housing (Chair)
Arlene Wilgosh, Deputy Minister of Health and Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Ron Perozzo, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Jeff Parr, Deputy Minister of Labour and Immigration / Status of Women
Gerald Farthing, A/Deputy Minister of Education, Citizenship and Youth

The HCMO, in addition to its primary functions in research, program and policy development, evaluation, and community development, also serves as staff and secretariat to the HCCC and the HCDMC.

In addition, HCMO facilitates and liaises with the Provincial Early Childhood Development (ECD) Advisory Committee, comprised of cross-sectoral community and government representatives, that provides advice to the Chair of the HCCC regarding the province's ECD strategy.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children (prenatal to age 18 years).

Objectives

The major responsibilities of HCM are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and ECD services through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

The HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2006/07, HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCMO is committed to putting the interests of children and families first and to building the best possible future for Manitoba through two major activities: (I) program development and implementation, and (II) policy development, research and evaluation.

In 2006/07, major HCM activities and accomplishments included continuing to implement the Triple P – Positive Parenting Program in Manitoba; developing, funding and evaluating HCMO initiatives including: Early Childhood Development (ECD) programs, Parent-Child Centred activities implemented by regional and community coalitions, Healthy Schools, Healthy Adolescent Development programs, Fetal Alcohol Spectrum Disorder (FASD) prevention and support services and Roots of Empathy; promoting and

maintaining intergovernmental and joint community-government mechanisms for planning, funding and evaluation of early childhood development initiatives and activities, including ECD-centred estimates.

In 2004/05, Treasury Board established a program review team of Healthy Child partner departments, co-chaired by HCMO and Treasury Board Secretariat (TBS), to develop a new Early Childhood Development (ECD)-Centred Estimates process. The team compiled a cross-departmental inventory of ECD programs and expenditures, then developed and applied new ECD Review Principles (the "ECD Lens") to the inventory for Treasury Board review. This process secured new provincial funding in 2005/06 to begin implementing the Triple P – Positive Parenting Program across Manitoba. In 2005/06, the project team continued to improve and refine the ECD inventory and lens, and provided a report to Treasury Board in December 2005.

Treasury Board directed further development of the ECD-Centred Estimates process for 2006/07, including improvements to cross-departmental capacity for evaluation.

I. HCMO Program Development and Implementation

The well-being of Manitoba's children and youth is a government-wide priority. HCMO program development and implementation activities continued to focus on the five original core commitments (March 2000) of the HCCC: parent-child centres, prenatal and early childhood nutrition, fetal alcohol syndrome (FAS) prevention, nurses in schools, and adolescent pregnancy prevention. Over time, these commitments have evolved and expanded respectively, as follows:

- Parent-Child Centred Approach
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Healthy Adolescent Development

HCMO program development and implementation are supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the Healthy Child partner departments, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs and Trade (Neighbourhoods Alive! program). Chaired by HCMO, the committee works to coordinate and improve programs for children and youth across departments.

HCMO program development and implementation include initiatives for ECD, FASD prevention and support, school-aged programs, healthy adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

Parent-Child Centred Approach

The Parent-Child Centred Approach has established 26 parent-child coalitions throughout Manitoba, to promote and support community-based programs for young children and their families. This community development-centred approach brings together parents, school divisions, early childhood educators, health professionals and other community organizations through regional and community coalitions to support positive parenting, improve children's nutrition and physical health, promote literacy and learning, and build community capacity.

HCMO supports 26 parent-child coalitions which operate across the province, organized along the 11 regional health authority (RHA) boundaries outside Winnipeg (Assiniboine [North and South], Brandon, Burntwood, Central, Churchill, Interlake, Nor-Man, North Eastman, Parkland, and South Eastman) and the 12 Community Areas within Winnipeg (Assiniboine South, Downtown, Fort Garry,

Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona). Three cultural organizations also receive parent-child funding: Coalition francophone de la petite enfance et de la famille, the Indian & Metis Friendship Centre of Winnipeg Inc., and the Manitoba Association of Friendship Centres.

Each parent-child coalition plans community activities based on local needs and determined through community consultation. A wide variety of service delivery approaches are used and a wide range of activities offered. Examples include centre-based models such as family resource centres and school hub models, home-based models such as home visiting programs and outreach services, workshops and training in parenting and literacy, community knowledge exchange forums, and mobile services such as book and toy lending programs. HCMO hosts an annual Provincial Forum to provide coalition members and community partners with professional development and networking opportunities.

Process evaluation began in 2003 and promoted active parent-child coalition involvement to measure aspects of coalition development, process and community impact in Manitoba. Evaluation results are presented at an annual knowledge exchange forum for coalitions, along with recent EDI findings for each coalition's region or community area.

Triple P – Positive Parenting Program

On March 21, 2005, the HCCC announced funding to support the initial implementation of Triple P - Positive Parenting Program province-wide in Manitoba. Triple P is founded on more than 25 years of rigorous intervention research conducted at The University of Queensland's Parenting and Family Support Centre and internationally.

In order to reach all parents, the Triple P system is designed as a training initiative to broaden the skills of current service delivery systems (e.g., health, early learning and child care, social services, education). Parents will have the opportunity to access evidence-based information and support, when they need it, from accredited Triple P practitioners in their local community. HCMO will support the development of a provincial strategy to communicate the availability of Triple P to the public as well as general messages on the importance of parenting.

To ensure successful implementation and delivery, Triple P is being phased in across the province with an initial focus on children under the age of six. In 2005/06, based on criteria of community need and capacity, five health regions and communities were selected for training. They were North Eastman, Burntwood and Winnipeg (Elmwood, North-end /Point Douglas, Seven Oaks). In 2006/07, seven new regions and communities were selected to be included in training and implementation. They were Nor-Man, Parkland, Interlake, South Eastman, Brandon and Winnipeg (Downtown and Inkster).

HCMO supports Triple P training and accreditation for practitioners from a wide range of organizations and agencies to enhance their skills in this population-level prevention and early intervention approach. To date, approximately 600 practitioners have taken one or more Triple P training courses.

HCMO will provide the resource materials (e.g., workbooks, videos and tip-sheets) needed to deliver Triple P; and coordinate the ongoing provincial evaluation of Triple P. As Triple P is phased in across Manitoba, training will continue and expand to include practitioners from organizations in additional communities (for more information, please see http://www.gov.mb.ca/healthychild/triplep/index.html and http://www.triplep.net).

Healthy Baby

In July 2001, HCMO introduced Healthy Baby, a two-part program that includes Healthy Baby Community Support Programs and the Manitoba Prenatal Benefit. This initiative supports women

during pregnancy and the child's infancy (up to the age of 12 months) with financial assistance, social support, and nutrition and health education.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, the benefits of breastfeeding, healthy lifestyle choices, parenting tools and strategies, infant development and strategies to support the healthy physical, cognitive and emotional development of children. In 2006, a Healthy Baby Advisory Committee was formed to provide a mechanism for sharing information and determining programming areas in need of development. Committee members represent the various disciplines and skill sets across programs. The focus is on training and professional development opportunities, standards and guidelines, communications, rural and urban networks and resources.

The Healthy Baby Community Support Program funded 30 agencies to provide programming in approximately 100 communities and neighbourhoods province-wide. In Winnipeg, Healthy Baby Community Support Programs funded the Winnipeg RHA to provide professional health support (public health nurses, nutritionists, registered dietitians) for Healthy Baby sites. The program models vary and continue to evolve to meet local community needs.

The Manitoba Prenatal Benefit was modelled after the National Child Benefit. Manitoba was the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. In 2006/07, the benefit was provided to 4,502 eligible women in Manitoba during their pregnancies. From the program's inception in July 2001 to March 31, 2007, a total of 26,771 women have received benefits.

The benefit is intended to help women meet their extra nutritional needs during pregnancy. Information sheets on pregnancy, nutrition, baby's development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques. In April 2002, the Healthy Baby milk program was introduced as an incentive to draw women to community programs. By attending a Healthy Baby Community Support Program, women are eligible to receive milk coupons for up to four litres of milk per week. HCM generic milk coupons can be redeemed at participating stores across Manitoba. Over 200 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. Milk coupon usage has steadily increased and in 2006-07, there was a 13% increase over 2005-06.

Families First

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. These programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention. Home visiting programs aim to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

- In 2005/06, two home visiting programs, BabyFirst and Early Start were fully integrated as Families First. This improved model was implemented in all RHAs across the province. The integrated program provides seamless home visiting services for families with children from infancy to school entry. The benefits of this model include a community-based approach, consistency of training and supervision for home visitors, improved access for families as other community partners make referrals to the integrated program, continuity of home visiting supports and a sound infrastructure

with program delivery and quality assurance managed by the RHAs.

Families First is funded by HCM and delivered through the RHAs in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public health nurses (PHNs) complete the screening process with all new births (over 12,000 births annually). Families identified through the screening process are offered an in-home Parent Survey (2,600 families annually) focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. In 2006/07, HCM provided funding to RHAs to employ 147.7 equivalent full-time home visitors province-wide. During 2006/07, 1524 families received Families First home visiting.

Families First program evaluation highlights were distributed in 2005/06. The evaluation suggests that the universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports. After being in the program for one year, families have improved parenting skills and are more connected to their communities (for more information, see http://www.gov.mb.ca/healthychild/familiesfirst/evaluation.html).

Support for Training and Professional Development

HCMO ensures that all Families First home visitors and the public health nurses who supervise them receive comprehesive training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the **Growing Great Kids** curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehesive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All Families First Home Visitors and their supervisors participate in 4 days of core training to give staff the tools for delivering successful services to families. Starting with building the philosophical foundation for work with families and overall program goals, staff receive training related to building trusting relationships, promoting positive parent-child relationships and healthy child development, recognizing family progress and boundaries or limit setting. A provincial trainer provided this training to 68 practitioners in 2006. Participants included Families First staff as well as other community partners. Supervisors participate in a 5th day of training, focussing on clinical supervision and program and quality management.

In 2006, HCM began training for home visitors and supervisors working in the Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC).

All Families First staff are also trained in the **Manitoba Curriculum for Training Home Visitors** which includes training in child development and parenting, safety and well-being, child abuse and neglect, and family violence.

Additionally, staff receive training in the **Nobody's Perfect Parenting Program** and **Bookmates Family Literacy Training**. Nobody's Perfect is a community-based program designed to support the development of healthy children by increasing the confidence, skills, knowledge and support available to parents. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. HCM provides grant support to Bookmates Inc. to deliver training workshops in literacy development, and to Youville Centre to co-ordinate training opportunities in Nobody's Perfect parenting workshops. The majority of new home visitors receive both types of training.

In 2006/07, 34 Public Health Nurses (PHNs) received Parent Survey training and 25 PHNs received Advanced Parent Survey training. Approximately 330 PHNs have received this training to date. PHNs have opportunities annually for advanced training related to the Parent Survey process.

Francophone Early Childhood Development (ECD) – Hub Model

HCMO continues to support the further development of the Francophone ECD – Hub Model, les centres de la petite enfance et de la famille. This school-based model is designed to provide a comprehensive continuum of integrated services and resources for minority language parents of children from prenatal through to school entry, including universal resources for increasing support and education of parents, access to specialized early intervention services such as the provincial Healthy Baby program, as well as comprehensive speech/language and other specialized developmental/learning services. The overall goal is to ensure that ECD provincial programs are accessible to all Manitobans. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The model of les centres de la petite enfance et de la famille was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École Gabrielle-Roy in Ile des Chênes. In 2006/07, the model was expanded to two additional school settings École Réal Bérard in St. Pierre Jolys and École St. Jean Baptiste. Funding continues to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages.

The centres de la petite enfance et de la famille Steering Committee has developed formal committees of government and community partners to address seven key issues: literacy/numeracy, parent education and awareness, support for exogamous families, research, early identification and intervention/multi-disciplinary services, linguistic and cultural supports, and professional training.

Intersectoral Cooperation on Early Childhood Development (ECD)

HCMO is responsible for reporting on Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on **Early Childhood Development (ECD)**. This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In November 2002, the Government of Manitoba released the first of a series of major progress reports on Early Childhood Development. *Investing in Early Childhood Development* and subsequent Progress Reports provide information to Manitobans on ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In the 2003 and subsequent *Investing in Early Childhood Development* Reports, reporting to Manitobans on Early Learning and Child Care is included.

Investing in Early Childhood Development 2005 Progress Report to Manitobans provides us with a first look at trends in the early development of Manitoba's children, as well as trends in related family and community characteristics. Data on indicators of children's well-being are provided for three points in time. For printed copies of these reports, see http://www.gov.mb.ca/healthychild/ecd/ecd_2004_progress_report.pdf.

B) FASD Prevention and Support

HCMO addresses FASD through public education and awareness, prevention and intervention programs, and support services to caregivers and families. HCMO supports partnerships in the community with organizations such as the Coalition on Alcohol and Pregnancy (CAP) and the Fetal Alcohol Family Association of Manitoba (FAFAM) to advance these goals. CAP provides a forum for

service providers, families, and government representatives to share information and resources. It facilitates knowledge exchange through meetings, special events and a regularly published newsletter. In 2006/07, HCMO increased its funding to FAFAM, which provides support and education to families caring for, and professionals working with, children and adults affected by FASD and advocates for appropriate services for families.

In 2006/07, the interdepartmental committee of representatives from HCM partner departments completed its work on the development of a comprehensive provincial strategy for reducing the number of children born with FASD and supporting those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with FASD. Based on a best practice model, the program uses paraprofessional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FAS was expanded to sites in Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood RHA and the Nor-Man RHA.

In 2006/07, the Stop FAS program had the capacity to serve up to 150 women. Each Winnipeg site employed three mentors and served up to 45 women, and each northern site had two mentors and served up to 30 women. In addition, HCMO partnered with the regional office of Health Canada's First Nations and Inuit Health Branch to provide FASD mentors working in First Nations communities with training in the Stop FAS mentoring model.

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

A collaborative venture of Canada's four western provinces and three territories, the Canada Northwest FASD Partnership (CNFASDP) maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In March 2007, the CNFASDP Ministers met in Victoria to continue collaborating on common approaches and strategies, while realizing their vision to establish a CNFASDP Research Network. The goal of this network is to build a common agenda for research in western/northern Canada that will foster an environment for undertaking evidence-based research that supports the development of sound clinical and preventative practices. In 2006/07, the work of the CNFASDP Research Network was guided by the Board of Directors and five Network Action Teams with administrative services provided by the Provincial Health Services Authority of British Columbia.

FAS Information Manitoba

In 2006/07, HCMO, along with Health Canada, continued to support this provincial toll-free telephone line for FASD information and support. Managed by Interagency FASD, a community service organization expert in the field, FASD Information Manitoba (1-866-877-0050) was established in 2001/02 to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services.

Screening for Prenatal Alcohol Use

Since 2003/04, additional funding has been provided for a universal screening process for the collection of more relevant data on the prevalence of alcohol use during pregnancy. As part of the screening process, PHNs now ask all women who deliver a baby in a Manitoba hospital about their use of alcohol during pregnancy including the frequency of alcohol use and the amount of alcohol consumed. The information collected will help Manitoba plan and target program resources and measure the impact of FASD prevention work. Preliminary results suggest that 14% of women in Manitoba drank alcohol during their pregnancy.

Support in the Classroom for Students with FASD

The purpose of this program is to refine a model to enhance the school experience and outcomes for children with FAS and other alcohol-related disabilities in the Winnipeg School Division. A partnership involving HCMO, Manitoba Education, Citizenship and Youth, and the Winnipeg School Division continued their efforts to identify, review and disseminate best academic and behavioural practices for students with FASD in grades four to six.

C) School-Aged Programming

In 2006/07, HCMO continued to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools

Healthy Schools is Manitoba's comprehensive school health initiative to promote the health of school communities. The initiative recognizes that good health is important for learning and that schools are in a unique position to positively influence the health of children, youth and families. Under the auspices of the HCCC, Healthy Schools is a partnership between Manitoba Health/Healthy Living; Manitoba Education, Citizenship and Youth; and HCMO; with Healthy Living serving the lead role and HCMO leading the ongoing evaluation.

Healthy Schools focuses on six priority health issues in the context of the school community: physical activity, healthy eating, safety and injury prevention, substance use and addictions, sexual and reproductive health, and mental health. The Healthy Schools initiative (a) promotes targeted provincial campaigns in response to issues affecting the health and wellness of the school community, (b) promotes community-based activities, and (c) develops provincial resources.

In 2006/07, two targeted provincial campaigns (e.g., safety/injury prevention, healthy eating, physical activity) were introduced to address priority issues affecting the health and wellness of the school community. All schools within Manitoba were offered funding to undertake specific activities related to these campaigns. In spring 2006, Healthy Schools sponsored a Bike, Water and Farm Safety campaign. A total of 342 (44%) schools received funding to undertake an activity related to this campaign. In fall 2006, Healthy Schools sponsored a Mental Wellness Campaign. A total of 437 schools (51%) received funding to undertake an activity related to this campaign. From the completion of the first Healthy Schools campaign to the most recent, there has been a 23% increase in school participation. Healthy Schools also provided funding to school divisions and RHAs to partner on implementing Healthy Schools community-based activities. The range of investments made is currently being collected for future reporting.

The Healthy Schools website (www.manitoba.ca/healthyschools) was launched in fall 2005, providing information and educational materials to assist school communities in promoting health. Healthy Schools also supported the Healthy Living Challenge, a game that encourages families to adopt

healthier lifestyles and covers a range of health topics (physical health, nutrition, mental and emotional health). The challenge consists of two components: an in-school kit for teachers and a take-home activity calendar for students and their families. The Healthy Living Challenge is distributed to all grades three and four students in Manitoba.

A baseline survey was sent to all schools in Manitoba in the spring of 2005, to understand the strengths and challenges for schools in supporting health. The survey measured schools' knowledge and integration of the Healthy Schools concepts and what schools are doing to promote Healthy Schools. There were 366 (45%) surveys returned, with each school receiving a summary of its results. Survey results will help partners understand the strengths of and challenges for Manitoba schools in supporting the health and well-being of children. Each school will receive a copy of the provincial baseline report, along with their own results. The Healthy Schools' survey is being repeated in the spring 2007.

A follow-up consultation was held in October 2006 to examine how the initiative had grown since its inception and to explore ways to strengthen it. Four priorities have emerged including: identifying models of partnership and leadership; holding regional workshops; increasing awareness; and conducting ongoing evaluation.

Healthy Schools introduced *eNews* in February 2007. Individuals can register their email address on the Healthy Schools website and receive regular updates about the initiative.

The Healthy Schools Initiative has been well received by Regional Health Authorities (RHAs), schools, and other agencies and organizations within Manitoba. The Healthy Schools Framework is guiding numerous school community plans.

Roots of Empathy

In 2006/07, HCMO continued to support Roots of Empathy (ROE), a classroom-based parenting, program that aims to increase prosocial behaviour and reduce physical aggression and bullying by fostering children's empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

ROE involves children in classrooms from kindergarten to grade eight (K-8). Certified ROE instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parent(s) who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome, FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE instructor coaches children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy.

Building on the success of the 2001/02 pilot of the ROE program, ROE has continued to expand within Winnipeg and throughout the province. In 2006/07, ROE expanded to include Rolling River and Southwest Horizon.

In the 2006/07 school year, ROE was delivered by 108 ROE certified instructors in 118 classrooms across Manitoba, including the FASD classroom in the Winnipeg School Division. Thirty-seven new ROE instructors received four days of training and were certified in the 2006/07 school year.

Mentoring Interventions

In 2006/07, HCMO continued to support mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; BBBS of Brandon; BBBS of Portage la Prairie; BBBS of Winkler; and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

COACH

In 2006/07, HCMO continued to support COACH, a 24-hour wrap around program at school, home and in the community for 5 to 11 year old children with extreme behavioural, emotional, social and academic issues. COACH is provided to children who are involved with Child and Family Services and who reside in the Winnipeg School Division. The program runs for 12 months of the year and provides both the appropriate school curriculum and family-based components as well as community socialization, aimed at returning students to an educational setting where they can function with appropriate supports.

There is an ongoing program evaluation of COACH which focuses on pre and post measures in a case study format. Multiple informants including the parent/guardian, teacher, psychologist, COACH, COACH Manager, and the child (if age 10 and older) provide responses on a standardized survey at the start of attendance at COACH and close of each school year. Progress has been noted in academic, social, emotional, community and behavioural functioning as well as an increase in the parent's involvement with the school setting, and based on parent reports, an improved relationship with their child.

D) Healthy Adolescent Development

In 2006/07, HCMO continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, and improve sexual and reproductive health outcomes.

In 2006/07, work continued on the development of a provincial approach to Healthy Adolescent Development, incorporating harm reduction strategies for risk behaviours and principles of population health, with knowledge of best practice models. Program categories under the umbrella of Healthy Adolescent Development include the following:

School-Based Primary Health Care

HCM's Teen Clinic model uses a community development approach to build partnerships among health providers, educators and community organizations to improve health outcomes for Manitoba teens. Since 2002/03, HCMO has funded the Elmwood Teen Clinic, an after-hours, school based primary health care facility located at Elmwood High School and managed by Access River East. The clinic addresses the general health and well-being of students and neighbourhood youth, including sexual and reproductive health issues. It has an active client base of about 450 teens from all regions of Winnipeg. The majority of the clients are from the River East/Elmwood and Transcona areas; however, other clients from various areas of the city, including close rural communities, have accessed the clinic. On average, the clinic sees between 15 and 30 clients during its four hours of operation every week. Results from a 2003 client satisfaction survey were very strong with over 96% of respondents indicating satisfaction with service. A subsequent process evaluation indicated that key components of the model including an effective triage system, appropriately trained and qualified staff, and appropriate and committed community partnerships all contributed to the progress of the Elmwood Teen Clinic. Based on the success and interest in the Elmwood Teen Clinic, in 2005/06,

HCMO expanded the model to a second pilot at St. John's High School in Winnipeg. The St. John's High School Teen Clinic, managed by Mount Carmel Clinic, operates similar to the Elmwood Teen Clinic, and has served a total of 320 teens since it opened in September 2005.

In 2006/07, the Interdepartmental Teen Clinic Committee which includes representatives from HCMO, Healthy Living, Health, Education, Citizenship and Youth, Family Services and Housing, and the Women's Directorate selected Nor-Man RHA and Interlake RHA to receive new HCM funding to establish teen health services in their regions. The main criteria for the selection of the teen clinics were the need for adolescent health services in the region, the capacity of the region to implement their plan and the utilization of multidisciplinary partnerships.

Health and Wellness Promotion

HCMO extends support to community-based agencies to support the healthy development of adolescents including those which emphasize the direct involvement of youth in identifying their own issues and developing their own solutions.

Klinic's Teen Talk is a comprehensive health promotion program designed to empower youth to make healthier lifestyle choices. Program components included the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. In 2005/06, Teen Talk served over 19,800 youth through workshops on topics such as sexuality and reproductive health and added a new curriculum on drug and alcohol use/misuse. In addition, the Teen Touch 24-hour province-wide telephone help line for youth continued to respond to over 25,000 calls per year.

In 2003, members of the Adolescent Parent Interagency Network (APIN) Steering Committee and HCM launched "Your Choice, For Your Reasons," a resource package on pregnancy options for young women. A video, service provider handbook, and brochures were distributed to over 300 organizations across Manitoba. This resource will be updated later in 2007/08.

E) Community Capacity Building

HCMO, in collaboration with Healthy Child partner departments, also assists communities in building local capacity to support children, youth, and families. The following are examples of organizations which received one-time funding in 2006/07:

Interagency FASD received support to develop a graphic arts resource on FASD. Interagency partnered with Red River College (RRC) to create an animated graphical description of how functioning in seven brain domains (the seven domains associated with an FASD diagnosis) can be affected by prenatal alcohol exposure.

The **Central Parent-Child Coalition** received funding to support the **Childcare – Family Access Network (C-FAN)** in delivering parenting and literacy programs for families living in Sandy Bay First Nation.

Support was provided to **Brandon University's Mini University** for their Aboriginal Children and Youth component which provides sponsorship for Aboriginal children from at least ten different rural and remote communities to attend Mini University.

The **Optimal Health Early Years Sports Club (OHEYS)** received support for their 3rd Summer Day Camp for Children with Autism. Funding helped subsidize a typical camp registration fee of up to $250/child so that it costs $60/child (the registration fee of $60 can be waived according to family need). It costs approximately $922 per child per week to run the program, with a maximum capacity of 15 children per week.

Support was provided to the **Winnipeg International Children's Festival (WICF)** for their Northern Circus and Arts Magic Partnership (CAMP) which was offered in Berens River. CAMP is an arts-based intervention project of the WICF that provides youth ages 10 to 14 years with professional training in the circus and magic arts. The Northern Tour is an extension of the Winnipeg CAMP program and it has operated for the past six years.

The **International African Child Relief and Peace Foundation of Canada (IACR)** was provided support for a Youth Project which heightened awareness and provided information regarding the health and social consequences of the cultural practice of female genital mutilation (FGM). This included providing materials for distribution to newcomers and to regional health authorities to assist service providers in addressing the issue.

Bookmates was provided funding to deliver a Family Learning Initiative at Dakota Tipi School in Dakota Tipi First Nation. Bookmates provided facilitators who delivered a Family Learning Olympics Event, Family Reading Club for 10 weeks, and a closing celebration event. One goal of the initiative was to seek out community members who would be interested in participating in Bookmates training.

The **Manitoba Association of Friendship Centres** was provided support for the "Safe Guarding Aboriginal Youth Spirits" – Youth in Gangs Awareness Project to develop a gang prevention kit for 9 to 17 year olds.

Support was provided to **Ka Ni Kanichihk Inc** for a community gathering, consultation and focus group to discuss the development of an Inner-city Aboriginal Mother Centre (AMC) that would provide up to 50 Aboriginal women and their children with a continuum of programs and services including child care designed to support and strengthen families and enhance parenting.

Child Find Manitoba was provided support for the first phase of a public awareness campaign about child sexual exploitation through prostitution. The campaign intends to raise awareness in Manitoba about the impact of children exploited through prostitution, demonstrate the urgent need for action to protect sexually exploited children, inform the public about available resources and encourage public action and incident reporting.

II. HCMO Policy Development, Research and Evaluation

Overview of the HCM Provincial Evaluation Strategy

HCMO Policy Development, Research and Evaluation (PDRE) staff lead the HCM Provincial Evaluation Strategy, working with cross-sectoral partners to (a) inform and support HCCC policy accountability, and (b) build capacity for research and evaluation, through all stages: consultation, evaluation framework development, evaluation implementation, and community knowledge exchange.

As part of a Manitoba model for measuring progress in child-centred public policy, HCMO is developing a provincial strategy that integrates the evaluations of programs in the HCM continuum, including Healthy Baby, Families First, Triple P, and the Parent-Child Centred Approach. Key components of the strategy include HCM program surveys, administrative data from Manitoba departments, the Early Development Instrument (EDI), the National Longitudinal Survey of Children and Youth (NLSCY), and the development of a Manitoba Longitudinal Survey of Children and Youth (MLSCY), modelled after the NLSCY.

A) Community Data Initiatives

The purpose of HCMO community data initiatives is to inform: (a) the delivery, monitoring, and

evaluation of HCCC policies and programs; and (b) research and planning that relates to HCCC policies and programs.

An example of an ongoing community data initiative is the EDI. The EDI is funded and coordinated by HCMO, in partnership with Manitoba Education, Citizenship and Youth, Manitoba school divisions and the Offord Centre for Child Studies (McMaster University). Since 2002/03, the EDI has been phased in on a voluntary basis in school divisions across Manitoba. The EDI measures the relative success of communities in facilitating healthy early childhood development and predicts children's school readiness when entering grade one. In 2005/06, all 37 school divisions (over 12,000 Kindergarten students) participated in the EDI, providing Manitoba's first province-wide baseline of children's overall development at age 5 years and readiness for school. These results will be available in 2006/07. Additional EDI information is available on-line (http://www.gov.mb.ca/healthychild/ecd/edi.html and http://www.offordcentre.com/readiness/index.html) .

B) Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Families First, Stop FAS), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children (improved physical and emotional health, safety and security, learning success, and social engagement and responsibility).

C) Population-Based Research

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal, targeted and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

D) Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities.

E) Community Capacity Building and Knowledge Exchange

Capacity building and knowledge exchange includes HCMO consultation, education, training, supervision and technical expertise to assist civic, academic and government communities to:

- plan, implement and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models for the enhancement of family and community resilience;

- share knowledge on children's development with communities.

HCMO PDRE staff participate in several local, provincial, and national committees, including the following:

- Canadian Council for Learning (CCL) Early Childhood Learning Knowledge Centre – Directing Committee and Health and Learning Knowledge Centre – Directing Committee
- Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
- Canadian Language and Literacy Research Network (CLLRNet) – National Literacy Strategy Planning Committee, Renewal Steering Committee, and Research Management Committee
- Centre of Excellence for Early Childhood Development (CEECD) – National Advisory Committee;
- Community Data Network
- Council for Early Child Development – National Expert Advisory Committee
- Federal/Provincial/Territorial (F/P/T) Early Childhood Development (ECD) Working Group and F/P/T Committee for ECD Knowledge, Information, and Effective Practices
- F/P/T Early Learning and Child Care (ELCC) Working Group
- F/P/T Intersectoral Healthy Living Network and its Committees
- Human Resources and Social Development Canada – Understanding the Early Years (UEY) – Provincial/Territorial Advisory Committee
- Invest in Kids Foundation – Board of Advisors
- Many Hands, One Voice (co-led by the Canadian Pediatric Society and the major national Aboriginal organizations) – Advisory Committee
- Statistics Canada's Aboriginal Children's Survey – Technical Advisory Group
- Statistics Canada's National Longitudinal Survey of Children and Youth – Steering Committee

HCMO PDRE staff are regularly invited to deliver presentations at local, provincial, national, and international conferences. In 2006/07, these included the *International Conference on Measuring Early Child Development*, sponsored by the Centre of Excellence for Early Childhood Development and held in Vaudreuil, QC (April 2006); the national *Privacy in the Public Sector: Challenges and Solutions Conference*, sponsored by Manitoba Culture, Heritage and Tourism and held in Winnipeg, MB (May 2006); the *Ontario Data Analysis Coordinators* conference, sponsored by the Offord Centre for Child Studies, McMaster University, and held in Hamilton, ON (June 2006); the *Understanding Early Childhood, Acting for the Future: The Contribution of Longitudinal Studies* conference, sponsored by the journées annuelles de santé publique and held in Montréal, QC (October 2006); and the *Spring Forward! Early Years National Conference*, sponsored by Success by 6, Peel Region and the Council for Early Child Development, and held in Toronto, ON (March 2007).

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2006/07 Estimates $000
2006/07 Main Estimates	25,830.8
2006/07 ESTIMATE	**25,830.8**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2007

Expenditure by Sub-Appropriation		Actual 2006/07 $000	Estimate 2006/07 FTE	Estimate 2006/07 $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,939.1	30.00	2,056.6	(117.5)	1
34-1B	Other Expenditures	334.3		341.3	(7.0)	
34-1C	Financial Assistance and Grants	22,980.0		23,419.8	(439.8)	1
34-2	Amortization	13.1		13.1		
Total Appropriations		**25,266.5**		**25,830.8**	**(564.3)**	

1. Under expenditure is due primarily to in-year expenditure management exercise.

Expenditure Summary for Fiscal Year ended March 31, 2007 with Comparative Figures for the Previous Fiscal Year

Estimate 2006/07 $000		Sub-Appropriation	Actual 2006/07 $000	Actual 2005/06 $000	Increase (Decrease)	Expl. No.
2,056.6	34-1A	Salaries	1,939.1	1,396.8	542.3	1
341.3	34-1B	Other Expenditures	334.3	335.2	(0.9)	
23,419.8	34-1C	Financial Assistance and Grants	22,980.0	22,492.9	487.1	2
13.1	34-2	Amortization	13.1	13.4	(0.3)	
25,830.8	**Total Expenditures**		**25,266.5**	**24,238.3**	**1,028.2**	

1. The variance reflects the addition of three positions awarded through the 2006/07 Budget and reorganization of the budget for the Triple P Program.

2. The variance reflects new and expanded programming.

Historical Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 2003 - March 31, 2007

Actual Appropriations

Sub-Appropriation	2002/03		2003/04		2004/05		2005/06		2006/07	
	SY	$	SY	$	SY	$	SY	$	SY	$
34-1A Salaries	22.00	1,191.1	22.00	1,276.2	22.00	1,359.2	27.00	1,396.8	30.00	1,939.1
34-1B Other Expenditures		411.1		398.0		309.5		335.2		334.3
34-1C Financial Assistance and Grants		17,745.8		18,741.1		19,894.1		22,635.1		22,980.0
34-2 Amortization		22.2		11.2		13.5		13.4		13.1
Total	**22.00**	**19,370.2**	**22.00**	**20,426.5**	**22.00**	**21,576.3**	**27.00**	**24,380.5**	**30.00**	**25,266.5**

MEASURES OF PERFORMANCE OR PROGRESS

The following section provides information on key performance measures for the department for the 2006-07 reporting year. This is the second year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports. That process was begun in 2005 with the release of the document, Reporting to Manitobans on Performance, 2005 Discussion Document, which can be found at www.gov.mb.ca/finance/mbperformance.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
1. The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three indicators from the National Longitudinal Survey of Child and Youth (NLSCY) for children aged 0-5 years: a) **Reading** (families with daily parent-child reading) b) **Positive Parenting** (families with warm, positive, engaging interaction between	We know that parents and families are the primary influences in the lives of children. Research shows that positive parent-child interaction including reading with children, positive parenting, and positive family functioning are key determinants of successful early childhood development. Research has also established that the best prevention investments occur during the early years. Healthy early	We are using 1998/99 as the baseline measurement. **Reading** (% of parents who read to their child daily): 76.1% in MB 69.7% in Canada **Positive Parenting** (% of children living in families with positive parenting): 88.4% in Manitoba 88.0% in Canada **Family Functioning** (% of children living in families with positive family functioning): 88.3% for Manitoba	Our most recent data is from 2004/05. **Reading** (% of MB parents that read to their child daily): **71.1%** for Manitoba 64.8 % for Canada **Positive Parenting** (% of MB children living in families with positive parenting): **94%** for Manitoba 92.4% for Canada **Family Functioning** (% of MB children living in families with positive family	Increasing: Results suggest improvements in positive parent-child interaction in Manitoba since 1998/99. Please see Note 1 below this table for the detailed information from previous surveys.	ECD (Early Childhood Development) Programs were a core commitment for 2006/07. In 2005, the Healthy Child Committee of Cabinet announced support of $1.4 million to implement the Triple P – Positive Parenting Program. Phase 1 of Triple P has been rolled out in 7 regions and 5 Winnipeg communities, with approximately 600 practitioners trained to date. The program will become available to

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
parents and children including praising, playing, reading and doing special activities together) c) **Family Functioning** (how well family members relate to and communicate with one another, including the ability to solve problems together) For information on how these data are collected, please see Note 1 below the table.	childhood development sets the foundation for positive development by building resilience and by reducing the likelihood of negative outcomes later in life. It is important to know how families in Manitoba are doing so that the Government of Manitoba can make decisions about which investments will best support Manitoba's children and families, including those that will support positive parent-child interactions.	89.1% for Canada	functioning): **90.9%** for Manitoba 91.3% for Canada Note: Due to corrections and changes in the NLSCY since 1998, the number of parents who read to their children has been revised. For more comments on the most recent measures, please see Note 1 below the table.		the public in fall of 2007. Over the long term, . this program is intended to positively impact these indicators. On April 11, 2007, Manitoba announced the province is introducing a new Reading for Life early literacy initiative for families to encourage parent-infant bonding and positively impact child development. http://news.gov.mb.ca/news/index.html?archive=2007-4-01&item=1444 Positive parent-child interaction can also be considered an intermediate outcome for children's school readiness (measured below). Limitation: While the information collected is fairly representative of the

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
					Canadian population, the NLSCY does not include Aboriginal children living on reserves or children living in institutions, and immigrant children are under-represented. 2002, 2003, and 2004 ECD Progress Reports: http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html 2005 and 2006 ECD Progress Reports will be available in 2007/08
2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI). The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development including: • physical health and	Ensuring the best start for children when they begin school is important for successful lifelong health and learning, as well as for the province's future well-being and economic prosperity.	This measure has been phased in, beginning in 2002/03. 2005/06 was the first year that all 37 Manitoba school divisions participated in the EDI; therefore, 2005/06 data will be used as the baseline for future measurements. 2002/03 Results (based on 24 school divisions and 7,923	Our most recent data is from 2005/06 and marks the first year that 37 out of 37 Manitoba school divisions collected the EDI. 2005/06 Results (based on 37 school divisions and 12,214 children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of	No trends yet established Trends will become evident after one more year of data collection. 2004/05 Results (based on 31 school divisions and 8,841 children) 62.0% of children were 'Very Ready' and 28.8% were 'Not Ready'.	Note: 'Very Ready' includes the proportion of children whose scores fell in the top 30th percentile in one or more areas of child development. 'Not Ready' includes the proportion of children whose scores fell into the bottom 10th percentile in one or more areas of child development.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
well-being • social competence • emotional maturity • language and thinking skills • communication skills and general knowledge For more about the EDI, please see Note 2 below the table.		children) 62.2% of participating kindergarten students were 'Very Ready' in one or more areas of child development. 27.6% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	child development. 28.3% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	2003/04 Results (based on 28 school divisions and 8,553 children) 62.7% of children were 'Very Ready' and 27.6% were 'Not Ready'.	Note: Due to a change in the EDI questionnaire in 2004/05, the 2002/03 and 2003/04 EDI results have been adjusted to reflect the updated reporting structure and show comparable results. EDI Reports: http://www.gov.mb.ca/healthychild/ecd/edi.html
3. The progress of the prevention strategy for FASD (Fetal Alcohol Spectrum Disorder), by looking at maternal alcohol consumption during pregnancy. Public Health Nurses meet with all mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year). Standardized questions related to alcohol use during pregnancy are included in the screen.	Research has established that alcohol can have multiple serious consequences on fetal development. Fetal Alcohol Spectrum Disorder (FASD) is acknowledged as the most common preventable cause of birth defects and developmental disabilities that are permanent and irreversible. Alcohol consumption during pregnancy is the causal risk factor for FASD.	In 2003/04, 14% of women in MB stated that they consumed some amount of alcohol during their last pregnancy. The incidence of drinking during pregnancy varied by Regional Health Authority and ranged from 9% to 28 % of women indicating alcohol use at some time during pregnancy.	The most recent data is from 2003/04. 2005/06 data will be available during 2007/08.	No trend yet established This is a newer measure and at least three data points are needed to determine a trend. However, historical national data is available. Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population	A prevention strategy for FASD in Manitoba was identified as an ongoing Healthy Child Committee of Cabinet (HCCC) core commitment in 2005/06. Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy. Prevalence and incidence data for FASD is limited

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
				Health Survey, 1994).	because diagnosis is complicated and difficult. Based on the best available data, Health Canada estimates the Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each year receive a diagnosis of FASD in Manitoba.
4. We are measuring the progress of our Healthy Adolescent Development (HAD) strategy, by looking at Manitoba's teen pregnancy rates, Sexually Transmitted Infections (STI) rates and usage of health and wellness services by teens.	It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development initiatives. These are activities that inform youth about sexual and reproductive health, using a reduce harm reduction approach; target youth who may be sexually active to reduce the potential harms associated with high risk sexual	The pregnancy and STI rates measurement began in 2001/02. <u>Pregnancy Rates</u> (number is per 1,000 youths aged 15-19): 2001/02 – 46.9 <u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1	The most recent data is from 2005/06. <u>Pregnancy Rates</u> (number is per 1,000 youths aged 15-19): 2005/06 – 43.4 <u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2005/06 – Data will be available after July 1, 2007 <u>Teen Clinic Usage</u> Elmwood Teen Clinic: 2006 – 704 visits	<u>Teen Pregnancy Rates -Decreasing:</u> Manitoba has consistently had among the highest teen pregnancy rates across Canada. Other than a slight variance in 2004/05, there has been a decrease in the rates of teen pregnancy. (number is per 1,000 youths aged 15-19): 2001/02 – 46.9 2002/03 – 44.8 2003/04 – 43.2 2004/05 – 45.2 2005/06 – 43.4 This trend is consistent	Note: By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in MB, it is expected that there will be an increase in youth accessing health and wellness services. If more youth access health services, there is the potential that reported STI rates for youth may increase in the short term due to increased testing and

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	Where are we starting from (baseline measurement)? (C)	What is the 2006/07 result or most recent data available (D)	What is the trend over time? (E)	Comments/ recent actions/report links (F)
	activity; improve outcomes for pregnant young women; increase teens' access to primary health care, including sexual and reproductive health; and increase teens' self-care. Comprehensive evaluation of the Healthy Adolescent Development (HAD) strategy is necessary to determine causal effects over time.		St. John's Teen Clinic: Between September 2005 and December 31, 2006 – 559 visits <u>Teen Talk</u> Most recent data is for 2006/07 – 20,262 youth received services: - 939 workshops were delivered to 16,973 youth across the province - 11 Peer Support Volunteer training sessions were attended by 222 youth - Peer Support Volunteer activities reached 3,067 youth. <u>Teen Touch</u> No data available	for most populations and regions across Manitoba. <u>STI Rates</u> Rates have varied slightly since tracking began in 2001. (number is per 1,000 youths aged 15-19): 2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 <u>Teen Clinic Usage</u>: These measures are new and there is not enough data to establish a trend. <u>Teen Talk – Increasing</u> Demand for services has increased steadily since 1996.	diagnosis (i.e., surveillance effect) Data for teen pregnancy rates (deliveries (live births), therapeutic abortions, and spontaneous abortions) is collected by Health Information Management (Manitoba Health) STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control Unit (CDC Unit) of Manitoba Health. Teen Clinics, Teen Talk and Teen Touch usage is collected through the Healthy Child Manitoba Office.

Notes:

***Note 1*: Measures of positive parent-child interaction:**

How are these data collected?
Data from the National Longitudinal Survey of Children and Youth (NLSCY) is used. The NLSCY was initiated in 1994 to find out about the well-being of children and their families, provincially and nationally.

Every two years, the NLSCY collects comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. Information on positive parent-child interaction is collected.

What do the most recent measures tell us?
Most children in Manitoba experience positive interactions with their parents during their first years of life. Specifically, most children in Manitoba are read to daily or several times a day. Most children in Manitoba live in families with positive parenting and positive family functioning.

Thousands of the 90,000 children under age six in Manitoba could benefit from improvements in positive parenting, reading with their parents, and family functioning. These children can be found in every community and every kind of family in Manitoba (e.g., across income groups)

Research shows that all parents can benefit from varying levels of support, information and resources to assist them in raising healthy children.

What is the trend information from previous surveys?

Reading (% of parents that read to their child daily)			**Positive Parenting** (% of children living in families with positive parenting)			**Family Functioning** (% of children living in families with positive family functioning)		
Year	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**
1998/99	76.1%	69.7%	1998/99	88.4%	88.0%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	89.8%	90.0%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	92.7%	93.3%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.0%	92.4%	2004/05	91.9%	91.3%

*Note: **Reading:** The 2000/01 and 2002/03 data included children between the ages of 0-5 while the 1998/99 data included children between the ages of 2-5. Due to the corrections and changes in the NLSCY, we are re-reporting the percentage of parents who read to their children.*

Note 2: **Readiness for School and the Early Development Instrument (EDI):**

How are these data collected and shared?
Kindergarten teachers complete the EDI questionnaire for all children in their classroom. EDI results can only be presented for groups of children; the EDI is never used to assess or report on the development of individual children.

Participation by schools in the collection of the EDI data has been building over time. Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06.

Local level EDI results are shared with:

- Schools and School Divisions, including school boards, teachers, administrators, and resource workers
- Communities, including parent-child coalitions, early childhood educators, community residents, health professionals, community development and resource workers, policy makers, and parents.

Why is readiness for school so important and what are the measures used for?
'Readiness for school' is a baseline of Kindergarten children's readiness for beginning grade one. It is influenced by the factors that shape the early years, including family functioning, parenting styles, neighbourhood safety, community support, and socio-economic factors. EDI results are a reflection of the strengths and needs of children's communities.

The EDI was based on a need to measure the effectiveness of investment in ECD at a population level and based on a community need to plan and deliver effectively for ECD.

Specifically, the EDI tells us how we are doing as a province in getting Manitoba's children ready for school and this helps us to learn what is needed to support healthy child development. Furthermore, the EDI helps local communities improve programs and services for children and families.

What do these data tell us so far?
EDI results show that over 62% of children in Manitoba and Canada are very ready for school. However, significant numbers of children, about one in four, are not ready to learn at school entry.

Children who are not ready for school can be found in every community and every kind of family in Manitoba, (i.e., across all income levels and demographic groups).

Two more years of data (2005 and 2006) should be ready for review in 2007/08. More detailed information about 2003 and 2004 EDI reports is available at: http://www.gov.mb.ca/healthychild/ecd/edi.html